

NVB 250B (Rev. 10/14)

CERTIFICATE OF SERVICE

IN RE:

BK-20-50660-btb
CHAPTER 7

METAL RECOVERY SOLUTIONS, INC.,
Debtor(s)

Adversary Proceeding: 20-05025-btb

CHRISTOPHER P. BURKE, et al,
Plaintiff(s)

COMPLAINT, SUMMONS
STANDARD DISCOVERY PLAN AND
SCHEDULING ORDER PACKET

vs

METAL RECOVERY SOLUTIONS, INC.
GEO-LOGIC ASSOCIATES, INC., et al,
Defendant(s)

Hearing Date: October 13, 2020
Hearing Time: 9:00 am

I, Dolores Stigall, certify that I am at least 18 years old and not a party to the matter concerning
(name)
which service of process was made. I further certify that the service of this summons and a copy of the complaint
along with the Standard Discovery Plan and Scheduling Order packet, as required by Local Rule 7016(b), was made
on 8/18/20
(date)

by:

☒ Mail Service: Regular, first class United States mail, postage fully pre-paid, addressed to:
By certified and regular mail to the attached service list

☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:

☐ Residence Service: By leaving the process with the following adult at:

☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail
addressed to the following officer of the defendant at:

☐ Publication: The defendant was served as follows: (Describe briefly)

☐ State Law: The defendant was served pursuant to the laws of the State of _____,
as follows: (Describe briefly) (name of state)

Under penalty of perjury, I declare that the foregoing is true and correct.

Dated: 8/18/20

Signature: Dolores Stigall

Print Name: Dolores Stigall

Business Address: 429 Marsh Avenue

City: Reno, State: NV Zip: 89509

**BURKE VS. METAL RECOVERY SOLUTIONS, et. al.
Adversary Proceeding Case No.: 20-5025**

**SERVICE OF COMPLAINT REISSUED SUMMONS AND DISCOVERY PLAN
SENT TO THE FOLLOWING BY CERTIFIED AND REGULAR MAIL ON
8/18/2020.**

Gary Lass, CEO, COF CFO
Geo-Logic Associates, Inc.
2777 E Guasti Rd, Ste 1
Ontario, Ca 91761

Gary Lass, CEO, COF CFO
Geo-Logic Associates, Inc.
2777 E Guasti Rd
Ontario, Ca 91761

Thom Seal, PhD, PE Resident Agent for
Metal Recovery Solutions, Inc.
P O Box 13014
Reno, Nv 89507

Thom Seal, PhD, PE Resident Agent for
Metal Recovery Solutions, Inc.
3565 Rock Ridge Ct.
Reno, NV 89512

In addition copies of the Adversary Complaint, Summons and Discovery
Plan were emailed to Gary Lass, CEO, COF, CFO of Geo-Logic Associates, Inc.
at the following address on 8/18/20.

garyllass@geo-logic.com

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: Thom Seal PhD, PE Resident Agent for Metal Recovery Solutions Inc 3565 Rock Ridge Ct. Reno NV 89512</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) Comp Return Form: D. Plan</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>9590 9402 4752 8344 1647 25</p>	<p>3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<p>1. Article Addressed to: Thom Seal PhD PE Resident Agent for Metal Recovery Solutions Inc P.O. Box 13014 Reno NV 89509</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) Comp Return Form: Disc Plan</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>9590 9402 4752 8344 1647 32</p>	<p>3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
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<p>1. Article Addressed to:</p> <p>Gary Lass CEO Cfo Cof Geologic Associates Inc 2777 E Guasti Rd Ontario Ca 91761</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>Comp. Issued Summa - Disc Plan</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
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<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

Burke vs. Geologic Adv Matter 20-5025

From: Michael Lehnert (michaellehnert@yahoo.com)

To: garylass@geo-logic.com

Cc: mcl3303@aol.com; lbubala@kcnvlaw.com

Date: Tuesday, August 18, 2020, 10:30 AM PDT

Mr. Lass

As the CEO of Geo-Logic Associates, please see the attached which is the Adversary Complaint, Reissued Summons and Discovery Plan which Geo-Logic Associates is a party to. Hard copies have been sent to you by certified and regular mail as required by service

Dolores

Secretary to Michael Lehnert, Esq.



metal vs. geo compl reissued summons & disc. plan.PDF
293.1kB